

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813
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NOTE: This is a public document.

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LOBBYIST REGISTRATION FORM STATE OF HAWAII
(Type or Print Clearly) STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Konkola	Lisa		808-524-4155
MAILING ADDRESS (Street)			FAX 808-524-0573
1000 Bishop St., #503			EMAIL toyofuku@hiadvocates.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
BT Consulting, Inc. dba Advocates			same
MAILING ADDRESS (Street)			FAX
same			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
The Drug Policy Action Group			808 469-5249
MAILING ADDRESS (Street)			FAX
PO Box 240323			EMAIL info@dpfhi.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96824-0323	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Pamela Lichty			808-469-5249
MAILING ADDRESS (Street)			FAX
same			EMAIL same
(City)	(State)	(Zip Code)	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u>Jim Konkola</u>	<u>1/29/13</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Pamela Lichty		
NAME OF ORGANIZATION (if applicable)		TELEPHONE
The Drug Policy Action Group		808-469-5249
MAILING ADDRESS (Street)		FAX
PO Box 240323		EMAIL
		info@dpfhi.org
(City)	(State)	(Zip Code)
Honolulu	HI	96824-0323
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
<u>Pamela G. Lichty</u>		<u>Jan. 26, 2013</u>
(Signature of Authorizing Officer or Person Represented)		(Date)